

and the mother, who was about to wean her child in despair, was able to suckle it for more than twelve months without any inconvenience.

21. *Cases of unexpected recovery from large Abscesses in the Lungs.*—Dr. GRAVES has published six cases of abscesses in the lungs, which occurred in his own practice and that of his friends, in which complete recovery took place. The abscesses were situated both in the upper and lower part of the lungs, and were pneumonic, as proved in several of them by the excessive fetor of the expectoration, although the history of the case in some would have led (as, in fact, it did,) the medical attendant to suppose that they were cases of phthisis. He has given them to the public, to show "that patients may recover, contrary to the usual interpretation of the most significant and decisive stethoscopic symptoms, and therefore seem to merit publication, in order to warn practitioners from relying too exclusively upon physical phenomena, and too hastily concluding that pulmonary lesions, however extensive, thus indicated, must necessarily prove fatal." They show, also, "that real circumscribed abscess occurs more frequently in the pulmonary tissue than Laennec allowed, or his followers seem to believe." The two following cases which we shall give, were under the care of Dr. Stokes, whose name is a sufficient guarantee for the accuracy of the physical signs observed.

CASE 1. Mr. H., a gentleman aged about 22, was attacked with pain in the side, cough, and fever, and in a short time with very copious purulent expectoration. Soon after this, the signs of extensive abscess made their appearance in the antero-superior and lateral posterior regions of the lung. The patient was then considered to labour under tubercular caverns to a great extent. Shortly after Dr. S. saw him, he presented the following symptoms:—The whole antero-superior, lateral, and posterior upper part of the left lung, sounded extremely dull; perfectly distinct cavernous breathing, with large gurgling and pectoriloquy were heard from the second rib down to the mamma; and the same phenomena were audible along the fold of the pectoral muscle, from the axilla to the seventh rib. The expectoration was copious, muco-puriform, but not fetid, and the pulse full, regular, and under 90°. The treatment adopted was palliative. The pulse soon became natural, all hectic fever ceased, the dulness of sound on percussion was gradually diminished, and the patient, in the course of some months, was perfectly restored to health, all the signs of caverns having completely disappeared.

2. Mr. D., aged about 25, high shouldered, and with a remarkable stoop, was attacked with cough in the autumn of 1839. His pulse became quick, he lost flesh rapidly, and presented the usual constitutional symptoms of phthisis in an early stage. Within a few weeks of the invasion of the disease, Mr. D. began to expectorate from half an ounce to an ounce daily of a sanguous purulent matter, having the colour of urine, but not offensive. He soon after came to town. The right clavicle was dull on percussion, and the vesicular murmur feeble as far as the third rib. Above the clavicle, most distinct gargouillement existed; and the same could be heard in the acromial region, particularly when he coughed. Soon after this the pulse became quiet, and the expectoration, though still possessing the above character, diminished in quantity. The patient went to the Cove of Cork, where he remained for the greater part of the winter season. He returned in spring, having become very fat, and without the slightest symptom or physical sign of any pulmonary disease.

Dr. G. could have added several other instances, besides the six he has published, of pulmonic abscesses which have been cured; but he thought it unnecessary, as those he has given were amply sufficient to show that they are neither so rare nor so hopeless as they are generally believed to be.—*Edin. and Lond. Monthly Journ. Med. Sci.*, March, 1842, from *Dublin Journal for January, 1842.*

22. *Sympathetic Pruritus.*—Mr. WALTER C. DENNY, in a paper read before the Medical Society of London, relates the following interesting example of Sympathetic Pruritus.

I was requested to see a young married lady in consequence of a severe and most distressing cutaneous disease, which was not only the source of constant disquiet during the day, but which deprived her of sleep during the whole night. I was aware that about the sixth or seventh month of her late pregnancy (her infant being at this time some months old), a most distressing cutaneous irritation had then supervened, which was the source of many sleepless nights, and increased until it was apparently the cause of, and terminated in, premature confinement. From this she had rather a protracted convalescence, in consequence of free hemorrhage and exhaustion. In December last the pruritus recurred with increased severity, and after two or three weeks I visited her in the country. Her suffering was at this time most acute, although to a certain degree remittent, and it was excited by comparatively trivial causes. There was, however, somewhat of a regularity in its remissions, being the most severe about eight or nine o'clock in the evening; a sudden or loud noise would at any time produce it, when it seemed to resemble neuralgic pain, flitting from one part to another, or traversing the skin in lines.

On examination, the skin over almost the whole body was studded with small, dark, bloody crusts, *apparently* from the abrasion of papulae or vesicles. This, however, was a fallacy. As I sat by the side of this lady during the greater part of an evening, I could immediately examine the seat of the pruritus or stinging, which was often instantaneous from a state of repose. I could not, however, discover on that portion of her skin (which was naturally peculiarly fair) the slightest morbid mark, papula, exanthem, vesicle, or weal. The nails were, however, instinctively applied to the part, and then a weal was observed, and soon after a bloody point from the abrasion of a papilla.

It was clear that this was a morbid exaltation of the state of the papillary nerves, an error of innervation, as some would term it, or hyperasthenia of the skin from remote sympathy; but the primary functional derangement was not so clear. We know that changes in the spinal cord will give rise to hyperasthenia of the skin, and that depraved hepatic and renal secretions will also produce a variety of cutaneous derangements. In the former affection of this lady the condition of pregnancy was very judiciously judged to be the exciting cause by my very experienced friend, Mr. Martin, who attended her in her precarious confinement, as that gentleman found the pruritus gradually subside on her delivery, the lochia, perhaps, in some degree, acting as a derivative. In a subsequent correspondence we agreed that a secondary affection of other organs was the immediate exciting cause.

In November last and early in December the lady had been subject to irregular uterine discharges, yet there was a suspicion of early pregnancy; but she now asserted that she was much *smaller* in the abdomen, and therefore if the ovum were still in utero, it was probable that it was checked or blighted. The digestive functions were much deranged; there was no appetite; dyspepsia followed the swallowing of food; the evacuations were unhealthy; extreme languor and exhaustion ensued, and universal distress and prostration were apparent. On testing the urine, which was flaky, with litmus paper, it was instantly changed. The indications were to amend these secretions, especially that of the kidneys, leaving the uterine or remote causes to time, at the same time soothing the immediate paroxysms. Extract of colocynth and blue pill were occasionally given in small doses. Acetate of potass, tincture of hop, and syrup of marshmallow, were taken perseveringly three times in a day; of Dover's powder twelve grains each night at bedtime. The tepid-bath was occasionally used; a strong decoction of poppies extensively employed in the evening on retiring to bed.

In a fortnight, during which period the plan was most assiduously adopted, I found this lady improved in every respect; the appetite was restored; the urine and other secretions nearly healthy; the paroxysms of pruritus far less frequent; a great portion of the nights passed in sleep; the strength returning, and she was evidently gaining flesh. These amendments continued without relapse, and in

about three or four weeks a letter to me announced the lady's convalescence, and an unequivocal progress in her pregnancy.—*Lancet*, April 16, 1842.

23. *Suffocating Catarrh*.—Mr. ROBINSON recommends closure of the patient's nostrils with the thumb and fore-finger during expiration, and leaving them free during inspiration, when a paroxysm of suffocating cough is present, and he says that in a very short time the patient will be relieved. He adds that he has adopted this plan whenever he had occasion so to do, and always with success.—*Lond. Med. Gaz.*.

24. *Cough from Spinal Irritation*.—A lady had been under treatment for some time for violent fits of short convulsive nervous cough, which came on several times during the day. The paroxysm lasted, at each attack, eight or ten minutes—in fact, till she was quite exhausted. She seemed otherwise in perfect health. There was no affection of the chest or larynx. She was about eighteen-and-twenty, married, of a very fine personal appearance. I begged to examine the spine: it was perfectly regular and straight; but on tapping the spinous processes of the vertebrae hard with the end of my finger, percussion of the three middle dorsal spines caused her to shrink with a sense of inward soreness and pain. I slightly broke the skin at two places, half an inch to one side of the spinous processes of these vertebrae (producing superficial sloughs,) by rubbing it with potassa fusa. In five days there was evident amendment. Twice in the fortnight the caustic was reapplied. The local soreness, and the cough in little more than this period had vanished. The surface broken at each point was an oval, half an inch by a quarter of an inch.—*London Med. Gaz.*, February 4, 1842.

25. *Hiccup from Spinal Irritation*.—A young lady, aged 19, was placed under my care for violent fits of hiccup, for which she had been under treatment ineffectually for two or three months. She was pale and delicate in appearance; but the want of colour was natural to her, and her constitution was good, and her health not otherwise disturbed; she was only thinner than usual, and weaker, and worn in spirits, from the frequent recurrence of the fits of hiccup, which supervened on any exertion or surprise, on the most trifling physical or mental excitement. I examined the back, which was perfectly straight; but I found that from about the fourth to the last dorsal vertebra, on tapping the spinous processes a sense of inward soreness was produced. I resorted to the same method as in the last case, and in three months the patient had quite recovered. The hiccup had not been the only symptom: if the paroxysm was violent, it was sure to be accompanied with pain of the right side, and a thrilling sensation in the right ulnar nerve at the elbow, extending to the wrist and little finger. Frequent rests during the day in the recumbent posture, I found an important accessory part of the treatment; with, towards the close, exercise to an extent short of fatigue, and tonic medicine.

Three years afterwards (June, 1841,) this young lady came again under my care, for a return of the same complaint. It had been brought on by fatigue and anxiety: her father had died, and, in a few months afterwards, her mother. The hiccup was, in this attack, as troublesome as before in the former: there was the same pain in the right arm and right side; and a new feature, weakness of the right knee; and occasionally a short fit of coughing. The same inward soreness of the back was present. She recovered again under similar treatment; after which she went to Brighton, by my advice, and bathed frequently: she there completely regained her full health and strength. In both of these attacks, the local tenderness was throughout exactly commensurate with the tendency to hiccup, and lessened, decreasing in extent and intensity, as the hiccup lessened.”—*Ibid.*

26. *Asphyxia—the relative importance of warmth and cold to the surface*.—The use of the warm-bath in all cases of asphyxia, seems to be a practice so generally adopted that we must invite especial attention to the following remarks,